# The Times and Register.

VOL. XXIX. No. 8. PHILADELPHIA, FEBRUARY 23, 1895. WHOLE No. 859.

## Original.

### RETIRING PRESIDENT'S ADDRESS*.

READING, PA.

BY A. B. DUNDOR, M. D.

#### CLOTHING.

The outside clothing which are taken off during school hours should be hung up in a closet outside of the school room on hooks sufficiently apart to prevent one child's clothing to touch that of another. In a large number of rooms we found the clothing hung up on hooks placed around the sides of the room with the hooks only about five or six inches apart, so that all around the room the different children's clothing was hanging on top of each other. This is very wrong, since all infectious and contagious diseases may be communicated from one to another, besides, during rainy weather the clothing is damp and will impart a dampness to the whole atmosphere of the room, and thus may cause rheumatic and catarrhal disease among the children.

#### OVERCROWDING.

From 220 to 250 cubic feet of air, and from 15 to 20 square feet of floor should be assigned to each pupil. When the number of pupils in any room is so large as to cut down the above-mentioned capacities per capita to any material extent, then there exists an overcrowded condition.

Very few rooms will properly accommodate more than about 40, yet we find in very many rooms 50 and 60, and in all the rooms occupied the number runs all the way from 31 to 100; and the average capacities dwindled down as low as 57.12 cubic feet of air and 4.76 square feet of floor, this being, however, an exceptional case in a room that we found in the old building at Tenth and Green streets, which building has since been torn down and an elegant building erected instead.

The lower averages, and there are a large number of them, range from 116 to 160 cubic feet of air and from 9 to 11 square feet of floor. You will readily understand what serious overcrowding means; namely, a retention of foul air in the room and a predisposition to the breeding of various diseases, defecfective vision, deformity and a general devitalization of the physical constitution of the scholars.

#### PLUMBING AND WATER-CLOSETS.

We found a number of buildings where the waste-water pipes from the wash bowls in the room are untrapped, and led into the water-closet pits in the yard, or into a sink hole in the cellar, thus establishing a direct communication between the school room and those filthy reservoirs, and the most filthy and deleterious gases may find their way into the schoolroom. Many water-closets are close to the buildings and some almost direct under the windows of the second story, and the foul gases emanating therefrom find at times a ready entrance into the school rooms. Some of the worst ones in this direction have been changed and removed since my visit.

#### MENTAL PRESSURE.

Between the age of 12 and 17, from 5 to 6 hours; below the age of 12, 4 hours, and below 7, 2 1-2 hours is the limit set down by our authorities for school children to be mentally employed during the 24 hours. I inquired into the time of

such employment in school and at home of all the classes in the various grades, and found their time of mental employment equal to that above stated. A so-called forcing or cramming system usually affects the weakly, the nervous and the naturally dull and stupid ones, and much harm is often done in failing to recognize these distinctions and demanding the same tasks from all alike.

Competitive examinations, exhibitions or any other intended display where all the energies of the pupils are called into requisition in order to render a favorable or commendable account of themselves is to be very seriously condemned, since the nervous system of many a one has by such means been irredeemably shattered, or their health otherwise irrecoverably undermined.

### FREE TEXT-BOOKS AND THE COMMON DRINKING CUP.

Free text-books, though otherwise viewed as a great blessing to the indigent and the poor who can scarcely afford the expense of buying books for their children, which thus might be depriving them of the privilege of receiving an education, yet when looking the subject squarely in the face from a sanitary standpoint the system must be condemned as a dangerous innovation into our school system.

We were all school boys once, and have a distinct recollection how the smaller children in particular use and handle their books. You have seen them fall asleep at home and in the school room, resting one side of the face on their books and the saliva running down from the open mouths onto its pages, as well as wetting their fingers with saliva to turn over the leaves. Now, who will deny that saliva is not one of the most convenient mediums in transmitting contagious diseases from one to another?

It is on this principle that we hear so many objections to the indiscriminate habit of kissing as so dangerous in conveying diseases from one to the other, and it has been proved over and over again that both syphilis and gonorrhea, with all their disgusting and disastrous consequences, have been in this manner communicated from one to another. The same thing precisely can, and I have no doubt oftentimes does, happen with any communicable disease through the exchange of free text-books from one to another. Although the interchanging of saliva from one to another is not quite as direct as in the act of kissing, yet the paper saturated with the saliva from one comes in contact with the mouth of a succeeding one, who again moistens it up with his own and the contact is very nearly a similar one, and certainly apparent enough to comprehend how easily one can pick up into his own system the germs of disease deposited by another.

No one will deny the poor the privileges of an education, and there is no necessity to do so, even without the free text-book system. There always was, and is now, a sufficient sentiment of charity in any community to indorse and submit readily to the buying of books by the School Board and presenting them to all such who are too poor to buy, and there being comparatively few parents who cannot spend a few dollars a year for books for their children.

The common drinking cup. There seems to been have a great flurry recently over the common communion cup in the administration of the Holy Sacraments by the various religious denominations. We cannot deny the plausibility of some mischief resulting from this source in transmitting disease by so many different lips touching the same surface of the cup in succession. This exposure happens about four times a year. Now, what will you say when you transfer this lip contact with the same surface from many different individuals into the schoolroom. This subject has been hinted at by a few, but never as yet has it been publicly agitated.

Now it seems to me that while somebody is straining terribly at a gnat the camel is being swallowed whole, undressed at that, body, hair

and all. In church you have only four contacts during the year, and this by adult persons; in the school room you will probably have it from two to six times, four in a single day during the greater portion of the year, and this at an age when all the absorbent vessels over the whole surface of the lips and mouth are in the most active condition, and eager to suck in anything that comes in contact. How often have we seen in the schoolroom a child go up, take a tincup full of water and another one following take up the same cup and drink out of it without emptying it.

Children will get thirsty unusually often, if not in fact, at least in imagination. Every child should have its own drinking cup, and drink out of no other. A few cents will buy one, and it is just as easy to keep a little tin cup in their desk as a pen holder or a lead pencil.

### THE GENERAL SURROUNDINGS AND CONDITION OF SCHOOL BUILDING.

The buildings themselves should be located always on an elevation, as remote as possible from all manufacturing establishments in order to save the children from the annoyance of smoke and the din and noise of the workingmen. Then there should be plenty of yard for playground and free from loose ground that does not become muddy, thus avoiding the carrying with their feet the mud into the schoolroom, where, after drying, it will create a large amount of dust. No large shade trees should be permitted to grow close to the building, because they constitute a serious obstruction to the entrance of light. Furthermore, the entire building should be kept scrupulously clean and thoroughly aired by throwing open all the windows as often as it is possible without interfering with the schools while in session. No paper should be allowed on the walls, the walls and ceilings should be whitewashed or be simply plastered in some light color. By the way, we are informed that all wall paper contains a certain percentage of arsenic, and the more expensive the paper the greater is the amount of this poison in it. The paper on the walls becomes moist from the breath of the children, and by this re-moistening and re-drying process particles of the coloring matter of the paper containing the poison are constantly given off, and become mixed with the dust of the room, and thus are breathed into the lungs by the children. And it has been said that instances have occurred where children took in this way sufficient arsenic into their system so as to have produced serious poisoning.

### JANITORS.

A great responsibility rests with the janitors. They are the ones who are practically entrusted with the management of all sanitary conditions about the school. If they do not attend to proper heating and ventilation, and enforce cleanliness on the inside and outside of the building, nobody else will. To do this requires a certain kind of intelligence and acquaintance with sanitary laws, as well as a marked degree of bodily strength and executive ability.

Most of the janitors who are now employed are females, principally widows or poor women, whose only cards of recommendations, generally, for the position are appeals of poverty. destitute children to raise, or an invalid husband to support. Please draw your own conclusions as to the fitness of such persons to do the work committed in their charge properly and successfully.

I mean this in a general way. I do not wish to do an injustice to some of our female janitors, who deserve nothing but praise for the manner in which they perform their duties. In fact, a few of the cleanest and best-managed buildings that I met during my visits were in the care of such janitors.

Janitors in order to do their work effectively should at least to a certain extent be trained and educated the same as your trained nurses at the hospitals are trained and educated for their work. And, furthermore, all the janitors should be constantly under the guidance of a competent sanitary inspector.

I do not pretend nor do I intend to prescribe the duties of a school board as such, but in the light of school hygiene and sanitation I claim to have the right to remind them of duties that pertain to their office, which we as physicians and sanitarians are most directly interested and the proper advisors. The school board in a manner is the guardian of our children during their most dependent period of their lives. They construct and furnish the buildings, employ the teachers and procure the whole curriculum of school life. The minds as well as the bodies of the children are for the time being during a large proportion of their daily life committed into their care and keeping, and just in proportion as they pilot these children into the port of success and usefulness with their bodily vigor unimpaired, in that same proportion can they rest their conscience in the fulfilment of their voluntarily accepted obligations to the public.

It is just as incumbent on them to care for the health of their wards as to provide the best means possible for their mental development. Teachers are necessary, books, charts and blackboards are indispensable, the best methods of instruction that can be procured must be introduced. But, furthermore, these children have also the right to expect large and commodious buildings that are properly lighted, heated and ventilated, and furnished with desks and seats that fit the scholar and not such that require the scholar to be elongated, sawed off or twisted into all imaginable shapes in order to fit the desks and seats; to have the blackboards at the proper place; to have pure drinking water, to have ample space outside of the schoolroom to put their outside clothing untouched by those of any others' clothing, to have the rooms and building kept clean from dust and obnoxious odors, and in short, to have all the best sanitary conditions thrown around them that serve to promote their health, strength and normal physical development.

These school children become the men and women who will shape the future destinies of our free institutions, and it is just as much of a national matter as a personal one, whether or not our boys and girls grow up to manhood and womanhood with their minds and bodies developed proportionally and harmoniously, in order to enable them to endure life's trials and bear life's burdens successfully.

You must see to it that you give them healthy and vigorous bodies. There is no use in attempting to put a big head on a feeble and sickly body. The thing will not work. While you expand the mind in childhood you must also favor the normal development of their physical constitution; otherwise all that is near and dear to us as a people and a nation will lose its chief motor of progress and a movement of retrogration will step in.

Let me illustrate by a few examples as to some of the material that composes the school board. During the prosecution of my school work I received only four direct insults, three of which came from members of the board of school controllers and one from a newspaper reporter.

One member during a conversation or discussion of the subject while the school board was in session called me a fool and a crank. His constituents, appreciating his superior turn of mind, saw fit to promote him to a seat in the State Legislature; but, most unfortunately, the recent Republican landslide brought him home again.

The second member, the very Nestor of the board, instructed his ward, a boy under his charge, not to submit to the eye-test or the spinal curvature test, and to tell me that this business was all foolishness and a humbug.

Possibly the most charitable view to be taken of this case is to consider that this man's birth took place sometime during the antidiluvian period, and that his habits were formed and his opinions were confirmed long before the development of sanitary science. It is some satisfaction to know that his constituents shortly afterwards gave him

the grand bounce and that he is no longer a school controller.

The third member instructed his children not to submit to my examinations, saying that if there was any measuring to be done he could do that at home with the strap. Now I was just thinking that if the eyes and backbones of those children should prove somewhat obdurate, and thus required a frequent application of the strap to keep them straight—that if the same means were to be employed to straighten out that man's brain what a material advance in the price of leather would necessarily ensue.

A newspaper reporter wrote me up in the Daily Eagle, commencing his article with the following flaming header in large letters: "Measuring Girls' Spines in the Reading Girls' High School." Now this was a downright falsehood. I was not doing anything of the kind. The whole article smelt strongly of the sensational and the ridiculous. They are a species of human beings who are at liberty to say and write pretty much what they please and the more graceful the affected party can grin and bear it without saying a word by way of resentment the better will be the outcome.

This, however, is the opinion of only a few individuals. It is a source of gratification to me to have received a number of written communications from intelligent persons, both from home and abroad, as well as from officers of some of the most scientific organizations in the country, congratulating me and complimenting me upon my good work for our public schools.

To bring about sanitary reform in our public schools requires a concerted action of the members of the medical profession.

Many school directors, teachers and parents need to be educated up to a certain standard, and you and I are the proper instructors. Every school controller and family have their physician, in whom they have confidence, and a word from us here and there, and a suspicion dropped here and there, that, likely, something was wrong in the sanitary condition in the school which the children attend that was responsible for their sickness, the same thing with the teachers, all of which will develop a cumulative sentiment in favor of proper sanitation; and, whatever little effect one man's opinion may have, if the same thing is advocated by a great many a proper effect cannot so easily be avded, and it will stimulate everybody to thinking.

Let no political creed nor a stubborn Schiebner or anti-Schiebner faction interpose in working for a common interest and for the elevation of a common humanity.

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## ABSTRACT OF A CLINICAL LECTURE DELIVERED BY MR. EDMON OWEN, OF LONDON, ENG., IN ST. MARY'S HOSPITAL.

Spastic paralysis; talipes equinovarus.—The next case I have to show is a very interesting one. T. G., 11 years of age, came into the hospital in May, 1893. He was then 10 and a half years of age, and was the subject of spastic paraplegia—that is to say, the reflex action of his lower extremities was uncontrolled, because of some affection of the spinal cord. The cells of the anterior cornu of the gray crescent of the cord are in connection with two sets of filaments, motor and sensory. The gray crescent is, in fact, a small, independent brain, responsible to the supreme authority of the encephalon. If we cut off the connection between the gray matter and the encephalon there can evidently be no longer any direct control of the gray nerve-tissue; thus,for instance,on gently pinch-

* Abstracted by A. M. Phelps, M. D., Professor Orthopedic Surgery, Post-Graduate School and Hospital; Professor Orthopedic Surgery, University of Vermont; Professor of Orthopedic Surgery, University of City of New York, and Surgeon to the New York City Hospital.

ing the leg, we get spasmodic and uncontrolled contraction of the muscles of the limb. The reflex action is ordinarily controlled by inhibitory filaments, running from the brain to the gray matter of the cord through the antero-lateral column of the cord; and if anything happens to interfere with the integrity of these filaments the reflex acts lose inhibition and run riot. They had run riot in this boy. As he attempted to walk, contact between his foot and the ground caused spasmodic contraction of the muscles to take place, and he walked in the manner characteristic of spastic paraplegia, as I will demonstrate shortly in another case. He walked with stiffened legs, scraping his toes along the ground. In this boy the spastic paraplegia was not extremely well marked, but it was sufficiently obvious. There was spasmodic contraction of the calf muscles particularly, causing elevation of the heels, so that as he walked his toes were constantly catching on the ground. Moreover, the feet were constantly extended and inverted, in the position of talipes equino-varus.

The question was, what could be done for him? Through some early disease of the antero-lateral columns of the cord he had lost inhibition in his legs and feet centres, and it was altogether a most unpromising case for treatment. But we thought we would give the boy a chance by the open operation of Phelps, of New York, for talipes equino-varus. The result is that he now stands with his feet perfectly flat; there is neither inversion nor eversion, and, although there is still some clasp-knife action, he walks, so far as my part of the business is concerned, a perfect plantigrade. You will see the high stepping action as he goes along the floor, but fortunately, his central nervous affection has greatly improved.

The case had made a considerable impression upon me, because, from a surgical point of view, it was extremely unpromising. I can remember the time when a surgeon would have refused to operate upon a case of talipes equino-varus, or any other form of talipes, which was secondary to central nervous disease, because the outlook was so poor. All such miserable cripples were, therefore, left without efficient treatment, and were allowed to drift on from bad to worse. I would not have operated on this boy had I not been particularly conversant with the operation of Phelps—a man who has done a great deal for orthopedic surgery, and who is, by the by, a general surgeon, not a special orthopedist. I think the time is coming when all bad cases of talipes equino-varus, except in very young children, will be operated upon by this open method. It seems to me at least to be inevitable. Here, truly, is a happy result of the thorough operation. All the credit of it is due to the large view and bold treatment of my American colleague, Dr. A. M. Phelps. I am not depreciating specialism altogether, but I have no hesitation in saying openly that I think specialism is going a little too far. May I here remark that probably the greatest advance that has been made in recent years in connection with the treatment of skin disease was made by a general, not a special physician—the treatment, namely, of inveterate cases of psoriasis by thyroid extract. If a man works within too narrow limits he is apt, I think, to lose sight of great principles, and take a contracted view of his surroundings. I do not say that he is, but certainly he is apt to be, like a man working in a valley. And in his work he is apt to develop a certain amount of professional myopia.

Phelps' Operation.—A word or two in regard to Phelps' operation:

The old-fashioned and orthodox treatment of club-foot consisted in the subcutaneous division of tendons and fascia, division of the tibialis posticus, the flexor digitorum, and, perhaps, the plantar fascia. Then, with a good deal of subsequent manipulation and tedious working with a mechanical Scarpa's shoe, the foot was got into more or less satisfactory position. Afterwards the tendon of Achilles was divided. This large tendon, you remember, was

divided last of all. It was left for the purpose of acting as a fixed point, so that from it the surgeon might be able to exert, with Scarpa's shoe, a certain amount of flexion and aversion. But if you happen to be dealing with a slight case of talipes equino-varus, it will very likely suffice, if you divide only the tendon of Achilles. When this is effected you may be able to correct version as well as extension of the foot. I would, therefore, strongly advise in every case division of that structure first. That is a great point, but not an original one, in Phelps' operation. It is characteristic of Phelps' operation that, instead of dividing the inverting structures subcutaneously, the open method is employed, so that the surgeon can see exactly what he is doing, and thus divide nothing that does not require division and everything that does.

(The last paragraph does not quite state all. The other reason, and by far most important, is that the skin cellular tissue and fibrous tissue on the inner side of the foot are short, and these tissues must be lengthened either by cutting, tearing or stretching, before the foot can be brought to a super-corrected position, and cutting is the least harmful and most rapid, hence the open cut. —Phelps.)

The incision is made, as I show you in this other child, from the dorsum of the foot across the inner side, just over the head of the astragalus, and is carried down to the sole. The internal saphenous vein is possibly divided, though it is often seen and avoided. The deep fascia has then to be cut, as it covers the abductor hallucis; then the tendon of the tibialis posticus, which supports the head of the astragalus, and the tendon of the flexor longus digitorum underlying the head of the astragalus. Going a little further, the surgeon opens a joint between the astragalus and scaphoid. Now comes what I consider to be the most important point in the whole operation, the anterior part of the internal lateral ligament is freely cut. You remember how this ligament is arranged. The anterior fibres are not connected with the astragalus, but run over it to be attached to the scaphoid bone. The anterior part of the internal lateral ligament is peculiarly tight and resistant in talipes equino-varus, and, more than any other structure, requires attention. As soon as that is done the foot is everted and the joint between the astragalus and scaphoid opened up. The other resisting structures in the foot are then dealt. Amongst them will come, I dare say, the middle piece of the plantar fascia, which is the strongest part, and, very likely, the flexor brevis digitorum. Then the inferior calcaneo-scaphoid ligament has to be divided because it is holding the tuberosity of the scaphoid up against the sustentaculum tali. The position of the foot is to be improved by increasing the length of the inner border, and that can only be done by opening the joints between the astragalus and scaphoid, a measure which is impossible without division of the inferior calcaneo-scaphoid ligament. After every cut the surgeon wrenches the foot into a slightly improved position; he goes step by step, feeling his way, as it were, with the tip of his finger and the end of his scalpel. Perhaps before the foot can be got into the proper position the long and the short calcaneo-cuboid ligaments have to be divided. After that the surgeon gives another wrench and gets the foot into an over-corrected position. He dresses the wound lightly with some antiseptic gauze, loosely filling the large cavity, and then he secures the foot in lateral splints of house flannel and plaster of paris.

It may not be amiss to compare, for a moment in passing, this operation with other radical operations on the foot, which consisted in the removal of the wedge-shaped piece from the outer border of the foot. If the apex of the wedge is brought far enough inwards and the base is sufficiently wide, the foot can then be straightened out and brought flat. But this improvement is obtained at the expense of the length of the foot. Different varieties of these operative procedures bear the names of different surgeons—Davies, Col-

ley and Richard Davy—and there is yet another, and a very excellent one it is, which consists in the removal of the astragalus; it bears the name of a well-known provincial surgeon—Lund, of Manchester. These various procedures have emanated during the last few years from pioneers in orthopedic surgery, all of whom, by the by, were general surgeons.

All of these operations, useful as they have been in the evolution of the surgery of club-foot, effected their improvement by shortening the external border or sacrificing some part of the foot; but Phelps' operation improves the position of the foot, not by shortening or sacrificing anything, but by lengthening the internal border of the foot, and I am satisfied that it is of a very great importance.

The wound having been dressed in the case of this boy, operated on as described, on May 16, the foot was wrenched around into the overcorrected position and encased in lateral splints of house flannel and plaster of paris. Then for five weeks it was not interfered with. Only to-day the second dressing was taken off, two weeks having elapsed since the first was removed. When the dressing was removed the wound was almost healed, and, as you will see, it must have been an extensive one originally. Mr. Kellock, who, with me, operated on one of this boy's feet some time ago, suggested and carried out an ingenious modification in the detail: As soon as the foot is lengthened out there is a considerable amount of slack skin upon the dorsal and outer aspect of the foot; so, after the deep operation wound on the inner side of the foot had begun to granulate, Mr. Kellock raised a large flap of this redundant integument and slipped it into the wound. This graft has done well, and its growth has materially expedited the healing.

(No matter how wide the wound has gapped, in my experience it has always filled in perfectly within the six weeks, and within a short time the redundant skin on the outside of the foot has been absorbed. With these observations in mind, I think I would hardly resort to a plastic operation in any case, although I would not condemn the practice.—Phelps.)

The old treatment of Scarpa's shoe required a great deal of attention on the part of the surgeon, who required in private practice to make almost daily visits to see how the case was going on, to assure himself that the foot was bearing the restraint, and to alter the screws. According to the new procedure the foot is put up in plaster of paris and so left for three or four weeks, the patient being allowed to walk about within a week of the operation.

(Mr. Owen is right in teaching that contraction following paralysis should be lengthened by operation. The senseless, prolonged, painful stretching treatment followed by some orthopedists is to be deplored. It will be abandoned in the near future. It is as unscientific to attempt by machines to stretch these contracted muscles and tendons as it is to follow the same plan of mechanical treatment with the remunerative tendon Achilles Dupuytren contraction and plantar-fascia, now so popular in the circles of certain mechanicians. These paralyzed muscles should be lengthened by interposing an abundance of new tissue, and not by stretching. The latter nearly always relapses, making it remunerative for the mechanic, while the cases operated upon do not, or at least very seldom, relapse, and the usefulness of the foot is very much superior to those treated by stretching.)

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Nurse (to doctor, who has just been called in)—"It appears to be a very complicated case, doctor. Can you make anything out of it?" Doctor—"Well, between you and me, I think I can make a couple of hundred out of it."—Puck.

# The Times and Register.

A Weekly Journal of Medicine and Surgery.

FRANK S. PARSONS, M. D.,
EDITOR AND MANAGER.

Subscription Price, - - - $1.00 Per Year.

Send money by bank check, postal, money or express order, payable to The Medical Publishing Co.





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Room 718, Betz Building.

Entered at the Philadelphia Post Office as second-class mail matter.

PHILADELPHIA, FEBRUARY 23, 1895.


## DAMAGES FOR DEATHS BY ACCIDENT.

The recent amendment to the Constitution of New York State, whereby the limit of $5000, placed as recoverable damages in deaths due to accident from carelessness was revoked, seems to be a just action. We should, in determining the commercial value of human life, regard man as a working capital, capable of earning a certain per cent. of interest. No two men can represent the same amount of capital, for the capabilities of one are greater than those of another. The claim for damages should, then, be founded on a basis of replacing the lost capital; and a sufficient sum awarded, which, when safely invested at a fair rate of interest, will bring the yearly returns equal to the actual earning power of the person killed.

This does not imply that the rich man, who meets death by accident, shall necessarily receive more than the poor man, who earns his daily bread by the sweat of his brow, for a money capitalization must not be taken into account, in either case, in computing the earning powers of a man. Neither does this nullify any claim for damages on account of the death of a wife or daughter by accident, for the earning powers of such are on par with those of man, or nearly so. Corporations such as railroads should bear these facts in mind when settling damages with those injured or killed as a result of careless accident. Probably less suits would result if a due consideration of the money loss were given by responsible parties. No amount of money can replace a human life, and consideration should mark the desires of both parties.

## CHANGE OF BASE IN THE GERM THEORY.

We learn through our foreign exchanges that the German school, or, what may be designated as the materialistic in medicine, has finally put the brake on pathological investigation and is now turning its attention more seriously to the side of treatment of disease. Thus we learn, that after all the concession has been made, in the veriest stronghold of modern pathology the end and object of the healing art includes something more than investigation in the autopsy room, or the laboratory; and that the truth must be confessed that science, though vastly illuminating the arena of morbid processes, has not yet, in a single instance, definitely demonstrated the modus operandi of a single remedy; on the contrary, the greatest discord and confusion prevail among scientists on the properties or virtues of therapeutic measures.

One will direct hot applications; another, nothing but cold water, or even the ice-sack; one will purge in peritonitis, while another will lock up the bowels and ply opium.

Acting on the theory that excesses of the thermal rise constituted the great danger of inflammatory disturbances, the products of modern chemistry, the antipyretics, were

seized on in the mad rush; but their popularity was indeed only ephemeral.

They certainly would lower the temperature; but so eminent authorities as Jacobi and the late Loomis, quite recently condemned them all as dangerous, and terrible cardiac depressors. Without question their lethality was something awful to anticipate. But how about the laboratory products of experiments—antiseptics and so-called central remedies?

Well! antiseptics are as dead as Caesar's wife. This wonderfully seductive germ theory is being slowly but surely undermined by our latest investigators; the ubiquitous microbes, like the poor, we are now told, are always with us and in us, and all quite harmless, except for what is supposed to be their toxic products or secretions.

Antiseptics, so-called, have been proven to be quite inert on living tissues, unless, when employed of such strength or to simultaneously devitalize living protoplasm; produce a superficial, tissue-necrosis, or severe irritation. They have gone, and here we have asepsis, another name for cleanliness.

The latest offspring of scientific therapeutics we have in antitoxine, a remedy evidently based on the homoeopathic principle; the blood of the animal, supersaturated with the most virulent cultures of the diphtheritic exudate, being defibrinated, strained and injected into the infected child.

It might be well, however, before we give the stamp of approval to a remedy to have a clear idea of the disease.

There certainly are good grounds for disputing the claim that Loffler's germ is an essential etiological factor in diphtheria, as we understand it chemically, for in some of the most virulent and mortal cases it cannot be found, while on the contrary in many of the mildest forms of pharyngitis multitudes of the bacilli abound. Hausemann, of Berlin, denies that it is the true germ of diphtheria.

Koch gave the world the bacillus of tuberculosis, but what direct influence has this discovery had on this terrible disease? Preventive, we say; by isolation, etc.

Its contagiousness must first be demonstrated, which is by no means yet definitely determined. Tuberculosis is on the decrease, thanks to improved sanitation, better clothing, better and more food; besides, in obedience to the fluctuating course of all destructive maladies. But while this is on the decline, cancer is enormously increasing.

Experimental research has vastly aided in explaining many obscure questions in the science of medicine; but to expect of it to displace the necessity of patient and exact clinical observations at the bedside, or wholly eradicate empiricism in medicine, it is scarcely necessary to venture to assert, is more than we may hope to realize.

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## ART IN ADVERTISING.

We note in some of our exchanges a tendency to display, among their advertising pages, half-toned plates of an art company. As works of art we have no comment to make upon them, but, unfortunately, the secret of their introduction is evidently intended to call into activity a morbid, passionate desire to gaze on pictures that would be called in baser language "smutty" were they not shielded by the term "art."

The proof of this lies in the line of pictures inserted. Art and artists may well be confined to the narrower limits of their own trade journals if the sensational is to be courted. We even doubt if these pictures draw attention to other advertisements. Most medical men would throw away the journal producing them in disgust. Had the pictures any medical bearing we could excuse their nudeness, but it is not the evident intention, in placing them among advertising pages, to assert any medical worth. We regret that among the medical journals using these illustrations are some of our most esteemed contemporaries, and we trust that

the next batch of cuts sent out by the art company will be of a more decent assortment. A pretty picture adds to the attractiveness of the advertising pages of any trade journal, but this does not necessarily mean that every such picture must contain the forms of nude women to become attractive.

## Surgery.

DR. T. H. MANLEY, New York.
COLLABORATOR.

### SURGERY OF THE STOMACH.

By M. Rosenheim.

For cancerous tumors of the stomach surgery offers us two procedures. Resection, when the pylorus is involved, and gastro-enterostomy or a junction of the wall of the stomach with the intestine. As to the respective gravity of these operations Guinard gives a mortality of 62 per cent. in 153 resections. Le Boef, 58 per cent. in 108 resections. While Kocher had but two deaths in seven resections.

For gastro-enterostomy Guinard found reported 105 cases with 33 deaths. Rockwitz had but a mortality of 12.50 per cent., and the results of Hahn are better yet. Resection, then, is always a more grave operation than gastro-enterostomy. The contra-indications are, first, great extent of the neoplasm; second, adhesions between the stomach, pancreas or liver; third, injection of the omentum; fourth, cancerous infection of the lymphatic-ganglia. As to the results of these operations there can be no doubt but resection leaves more functional power, as the motor action of the stomach is but slightly impaired, while in gastro-enterostomy, it is quite suspended. In cicatricial contraction, resection should be the operation of choice, without malignant complications, while in extensive cancer gastro-enterostomy is the safest and most satisfactory as a palliative measure.

As for the treatment of round ulcer of the stomach we must take three factors into consideration: First, hemorrhage; second, peritonitis, and third, by perforation. Opcerations for hemorrhage, thus far, give us but little hope to expect much from them. Operations for peritonitis following perforation give a mortality, in 15 cases, 14 deaths. —Societe Des Medecins De Berlin, Oct. 19, '94; Gazette-Hebd., Dec. 5, '94.

### CEREBRAL COMPLICATIONS OF SUPPURATIVE OTITIS.

Mr. Pique, in opening the discussion, highly praised the work on this subject, lately, from the hands of M. Mignot, of Val-de-Grace.

A man of 24 years, suffering from an old otitis media, was sudednly seized with aphasia. At the same time, violent headache began and severe post-auricular pain was felt. Somnolence, ptosis, with facial paralysis, set in; the pulse became small and the temperature abnormal.

M. Michon made a vertical incision over the mastoid cells, opened them, and, not finding pus, advanced up over the pavilion and encroached on the tempora fossa, when the dura mater was opened and about 450 grammes of green, foul-smelling matter were evacuated.

The symptoms rapidly disappeared; but two unpleasant accidents succeeded and retarded convalescence. On the second day after the operation erysipelas developed and run a severe course, and later an encephalocele made its appearance. This latter, Mignot cut away, with a ligature and closed in the break, by an osteoplastic graft.

This illustrates many of the most prominent features observed in those cases of post-otorrheic origin, and touches on many points in the complicated problem of treatment. Attention will be requested only in connection with diagnosis and treatment.

1st. Some of these troubles are psycho-motor, and often are easy of diagnosis. 2d. There are others, not psycho-motor; therefore, these difficult questions arise: Are they caused by a phlebitis? Are they a meningo-encephalitis? Are they dependent

on a cerebral abscess? Are they always dependent on infection? Of the latter, no doubt, can longer exist. Nevertheless, signs and symptoms are frequently very uncertain and vague.

I entirely agree with Bergmann that practically no doubt can remain when we have the following ensemble of signs, viz.: Sudden pyrexia, violent headaches, persistent hemicrania, a slowing of the pulse, with comatose symptoms.

Now, what shall be the direction of treatment?

1st. Have we cerebral mischief with otitis and without mastoiditis?

This is important to determine, for if this condition is present we will find pus, far forward, as stated by Hessler, lodged between the dura mater and the cranial plate, a suppurative pachymeningitis.

In order to reach the precise origin of this we will employ "Wheeler's line" for a guide, i. e., pass a line down perpendicularly through the mastoid process, and in the quadrant directly anterior and above the concha, we will pass down, on the seat of disease.

2d. Do the cerebral symptoms arise from otitis with mastoid infiltration?

If so, should we simultaneously open the mastoid and tap the skull? Our course will take the right direction here, if we begin by first drilling the mastoid apophysis and attempting to drain the skull, through this devious course; but, should symptoms of a serious character supervene, then we should proceed and trephine through Wheeler's quadrant.

3d. What must be done when there is mastoiditis with localized cerebral infection?

Here we might say, that we should at once, resort to the trephine, but yet it is the safer course to penetrate the mastoid widely and endeavor to pass up forward, with the lateral sinus for our guide; where we may often reach the pus foyer, from behind, avoid a mutilation and the possibility of a cerebral hernia, after recovery. If this fails, then, as an extreme measure we must not hesitate to make a breach in the skull wall and clear away the offending matter.

Societe De Chirurgie Seance du 19 Dec. —Pres. M. Lucas-Championniere.

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## ABSCESS OF THE BRAIN.

Von Beck (Bietrage zur Klin. Chir. Bd. xiii) has lately published an important work on abscess and tumors of the brain, from their etiological, clinical and therapeutical standpoints.

1st. Abscess or tumors of intracranial origin must be diagnosed or distinguished by their origin, whether traumatic or following suppuration from the ear; and in undefined, obscure abscess, with regard to duration, whether acute, sub-acute or chronic; cortical or deep.

In his statistics he reports 76 cases with 40 cures; but the prognosis is not always favorable. In ten cases of this class five were operated on without cure in any instance. In one, death followed relapse. In another, there was such an extensive destruction of brain substance that relief was quite out of the question.

The author realizes that here diagnosis is often attended with great difficulties. He inquires, How shall we decide when to operate? In traumatic cases, he says, the way is comparatively clear.

When the suppurative mass is lodged in the mastoid apophysis it is easily reached and promptly evacuated with skilled hands, without any special danger. He attaches much importance to the use of iodoform gauze packing, both for its antiseptic and drainage qualities. By prophylaxis, proper care of the discharging ear, etc., he maintains that this serious sequel may be avoided.

2d. In 38 cases of tumor of the brain Von Beck obtained 14 cures, complete; four other cases at time of writing were safely convalescing. He had one case of sarcoma of the right parietal lobe, operated on three times, on each occasion with marked amelioration of the symptoms. His patient's life had been prolonged

two years. In one case of glioma death followed after four days. The mass had connection with the right ventricle.

In another case of Jacksonian epilepsy the fits ceased after operation.

It is therefore evident that operations for neoplasmata of the brain cortex gives about the same results as those for abscess. Unhappily, there are cases in which surgical interference must be interdicted, as in those tumors of metastatic origin, or when their seat and volume are indefinite. Of course, it goes without saying, that those at the base, are quite beyond relief. He insists, with good reason, on the most rigorous examination of every case before any operation is undertaken.

(Gazette Medicale Paris, 15 Dec., '94.)

## ENCEPHALIC ABSCESS OF OTORRHEAL ORIGIN.

By M. Gerard-Marchant.

The author dwelt especially on the morbid anatomy of encephalic abscess. He took the ground, that those purulent formations in the brain were seldom indeed of auricular origin. Broca had in 90 cases of cerebral abscess found but one which was in any manner connected with the ear. In 30 cases which he had seen himself, there was but one connected with otorrhea. He inquired, how long since osteomyelitis and tubercular disease of the bones of the skull ceased to play a dominant role in these cases?

Cerebral abscess had been found, in association with hepatic suppurative, coryza, ezena and affections of the maxillary sinus. M. Picque's pessimism was not well founded, as he denied any place to the classics in the question of diagnosis. He should not forget that they distinctly set down two separate series of disturbances, which the author has employed almost entire: 1. Abscess of the psycho-motor zone, and (2) abscess of the latent zone. In the first, there were localized motor troubles; in the second, fever, pain and chills.

With respect to treatment, he did not deny that an early trephining of the mastoid, with free depletion of the peripheral vessels, would often be enough to arrest deep-seated inflammatory changes, though, while admitting this, it should not be construed that he regarded any immediate connection existing along the course of infection in the cerebral centres.

Soc de Chirurgic, 26, Dec., '94.
(Gazette Hebdomidaire, Jan. 2, '95.)

## ON A LOW TEMPERATURE DURING ANESTHESIA.

M. Angelosco has recently communicated the result of his researches on this subject, the resume of which is as follows:

1. The temperature is always lower during anesthesia, being the most marked during the first fifteen or thirty minutes. During the first quarter of an hour the fall varies from .007 to .1; in the second, from .01 to .005.

This low temperature always lasts through profound anesthesia.

On awaking, the temperature immediately takes an upward course.

It sinks from similar causes, as chloroform and ether—i. e., from radiation over exposed parts; repose and immobility, defective oxidation and imperfect assimilation of oxygen. Why is the reduction of heat greater under ether? M. Angelosco believes that ether exercises a vaso-dilatation, and thus a loss of much heat ensues, while chloroform produces vaso-constriction; therefore in the first the visage is congested and in the latter very pale.

(Societe de Bislogie Seance du 8 Dec., '94.—Gazette Med. Paris.)

# Therapeutics.

Dr. LOUIS LEWIS, Philadelphia.
COLLABORATOR.

## REFERRED SYMPTOMS.

Oftentimes symptoms indicating local trouble are observed, when the tissues or organs ostensibly affected are in a normal organic condition; the true origo mali being at a more or less distant point. In other words, manifestations of disease may extend to parts not actually affected. These symptoms or manifestations are mostly sympathetic, and show

the reciprocity of sensations between different parts of the body.

Congestion of the kidneys may occasion an apoplectic seizure, though the brain be free from pressure or disease; and the attack is relieved on removal of the cause. In like manner, a congestion of the brain is sometimes removed by the re-establishment of a belated menstrual flow; and toothache, sore throat, and thrush may be due to irregular periods. Eclampsia and coma depart, as by magic, on the expulsion of an intestinal worm; infantile convulsions, on the reduction of a hernia, the removal of urinary retention, the release of an incarcerated tooth; and strabismus, cramp of the extremities, tetanic spasms, and chorea, as soon as disturbances of the primae viae are subdued. Gastric irritation may cause auditory vertigo, independently of aural disease; cancer of the tongue induces earache; gout and lithemia bring tinnitus aurium; and syphilis sets up temporary deafness in the sound ear. Severe dyspnoea attends diabetes, while the air-passages are intact. Distressing hiccough may be due to intestinal obstruction. An alarming night cough is commonly associated with indigestion, in children with perfect lungs; a woman with sound breathing tubes may have an ominous cough, entirely attributable to the uterus; hardened wax in the ear may arouse a cough that suggests phthisis. Organic brain disease may also beget a misleading cough. Pleurisy is often responsible for severe pain in the groin. Hepatic and pancreatic disease give rise to pain in the shoulders. Uterine displacements are frequently signalized by numbness of a lower limb, or pain at the vertex of the head; pain at the occiput attends albuminuria and diabetes; and clavus may accompany chlorosis. Along with metritis there may be a pricking pain in the eyes, though they are quite healthy; and irritability of the bladder, though the urine is normal. Bright's Disease may cause temporary blindness, without any change in the retina. Nervous exhaustion gives pain in the healthy spine; while in diseased spine, pain is frequently referred to the chest wall. Inflammation of the ovary creates pain in the leg of the same side; disease of the hip or of the lumbar vertebrae affects the inner side of the knee. Pain appears between the shoulders in cancer of the breast; in the back, in abdominal aneurism; at the nape of the neck, in diseases of the heart; at the pit of the stomach, in disease of the dorsal vertebrae. In diabetes, vulval irritation in women, and irritation of the insatus urinarius in men, are common accompaniments. And tape-worm will originate symptoms resembling hysteria, pregnancy and typhoid fever. All these referred sensations in uninjured tissues subside whenever the remote cause can be rectified. Even a pseudo hydrocephalus has appeared, while the brain and meninges were healthy; and has melted and vanished on the abstraction of an offending tooth. —Louis Lewis, M. D.

### A NEW DISEASE.

Returning after an absence of several months, Charley surprised his best girl the other night with a partially grown beard. But she surprised him still more when she cried out with alarm: "Oh, Charles, do you often break out on the face like that?"

## Medicine.

Dr. E. W. BING, Chester, Pa.
COLLABORATOR.

### GENERAL EMPHYSEMA AS A RESULT OF CATHETERISM OF THE EUSTACHIAN TUBE.

The operation was done on a child about 10 years old. In a few moments emphysema appeared, and rapidly invaded the face and upper part of the chest. The face was so tumefied that the child's eyelids were closed; consciousness was preserved, breathing good, pulse at first small

and rapid; crepitation of the tissues and general resonance. The emphysema gradually subsided, but took a week before it was all gone.—Rev. Internat. de Rhinologie, etc.

## THE CIRCULATION OF THE LYMPH IN THE SMALL LYMPHATIC TRUNKS.

Ranvier has succeeded in injecting Prussian blue into the capillary network and small lymphatics in the ear of a living rabbit. The injection gave no pain nor any disturbance of the blood circulation; the course of the injection could be plainly seen. The color in the lymphatic trunks became paler and disappeared in two or three minutes, while the network of the lymphatic capillaries was still blue. This is due to the activity of the lymph circulation and not to decoloration in situ. Further the coloring matter was found in the ganglion at the base of the ear.—Prog. Med.

## ACTION OF HIGH PRESSURES ON SOME BACTERIA.

Roger has studied this action on microbes by compression of the liquids in which they are growing. Pressure varied from 1000 to 3000 kilos to the square centimetre. At pressure of 1000 K. the staphylococcus aureus and the B. coli were unaffected, the staphylococcus preserving its chromogenic power; at 3000 kilos the S. was attacked both in its growth and virulence; the B. anthrax after undergoing a pressure of 3000 has its virulence slightly diminished. The asperogenic variety of this germ on the contrary strongly attacked cultures which had been put under 3000 K., only causing death in 18 or 19 days.

## MUCO-MEMBRANOUS ENTERITIS.

This is a very frequent affection, but its pathology has not been cleared up satisfactorily and the treatment is on that account undecided.

Clinically the mild and the severe types exist; in the former the patients pass from time to time the characteristic muco-membranes. As the general health is fair and they experience no pain the patients do not notice them, or, if they do, pay no attention to them, or else consider them to be sections of tape worm.

It is easy to differentiate between the latter and muco-membranes since this form of enteritis is always connected with constipation.

In severe forms, happily less frequent than the preceding, there are also acute and chronic forms. If the diagnosis of the chronic variety is easy it is not so in the acute variety, which is often misunderstood to the great detriment of the patient.

Sometimes the disorder begins with violent colic, tenesmus and expulsion of blood and membranes; sometimes fever rising to 40 deg. C. (104 deg. F.), abdominal pain, gastric embarrassment, furred tongue, etc., which makes one think of typhoid fever so much the more, since if appropriate treatment is not employed this condition may last for several weeks.

How is the diagnosis to be made?

In the dysenteric variety it suffices to demonstrate the absence of the habitual fetor of dysentery—and on the other hand, the presence in a stool of dysenteric appearance of scybala, which indicate that the dysentery is evidence of an enteritis secondary to obstinate constipation. As to the typhoid form its analagy to that fever is only apparent. The tongue is not dry and fissured, the stupor is wanting, the temperature curve is wanting in regularity, the eruption is absent and spleen normal. The abdominal signs differ from those of typhoid. If meteorism be present, pain is not felt solely in the iliac region, but along the course of the transverse colon, which is resonant; again there is either constipation or flatulent passages which do not have the yellow color of typhoid stools, but contain in a liquid passage of offensive odor fragments of muco-membranes or scybala either alone or mixed.

The history shows that there have often been other similar attacks, that there has been constipation of a more or less pronounced character.

The diagnosis of the chronic form

is easy when we read the fact that disordered nutrition is what confers the serious character to this ailment, inasmuch as it is much easier to ameliorate the condition than to cure it.

TREATMENT.

Do we find in the etiological conditions sufficient indications for the formulation of a rational treatment?

Constipation is a prominent factor in all varieties of the complaint; sometimes it is in a manner latent, i. e., the patients have regular stools, but do not completely evacuate the intestines; sometimes an almost continual diarrhea is present, enteritis complicating the constipation—in other cases obstinate constipation, with the passage of shreds of membrane, occurs.

The name muco-membranous enteritis is unfortunate and the treatment suited to enteritis is ineffectual in the disorder under discussion. If these patients are carefully examined, we can generally find indications of a "neuro-arthritic" taint, being descendants of neurotic, neuro-asthenic or gouty parents.

It is important not to lose sight of these peculiarities since the treatment requires the toning up of the nervous system. Sometimes hemorrhoids, uterine displacements, movable organs, gastric disorders as the hyperchloridric condition, flatulency, are the exciting causes. These gastric disorders are sometimes primary and at others secondary. It might be thought that these would occasion the intestinal irritation, but it is not probable. It is most likely that if dyspepsia and the muco-membranous condition often are co-incident, they are due to the same general cause, nervous influence. It is not likely that microbes are the cause but simply concomitants in those instances where they have been detected. Enteritis—that is, inflammation of the bowel—is not present, the membranes are made up entirely of concrete mucus and contain neither films nor leucocytes. The explanation is as follows: The intestine becomes atonic in a progressively increasing manner.

The stagnant fecal matter produces irritation; they erode the mucous membrane, and microbes finding a suitable soil multiply and finish the destructive process by provoking ulceration, which may progress to a fatal extent. Enteritis may then coexist, but is altogether secondary. If the patients may present local infectious phenomena (dysenteric), they can also present the characters of a typhoid attack as described above, due to the absorption of poison generated by the fecal matters.

The requisite is both local and general treatment, which will be noticed further on.

The following rules for treatment can be formulated:

All persons suffering from muco-membranous enteritis are subject to constipation, and this latter is not always due to essential atony of the intestines. Constipation must be combated and the evacuation of the membranes facilitated, and pain eased during the passage of the membranes. Purgatives (drastics) are not to be used; hygienic and other means to improve the general condition are to be employed and the diet must be regulated.

The best means of overcoming the constipation consist in the use of mild laxatives, such as flaxseed, olive oil, licorice, compound licorice powder, etc. Hydrastis is useful in combination with senna. Mercurials with belladonna are often effective, but the main reliance is to be placed on injections of olive oil in amounts of 12 to 16 ozs., continued daily till the stools become bilious. Warm water in large quantity for flushing the bowel in some cases acts better than oil. The injection is to be made slowly. If hemorrhoids are present the anus should be dilated, any other displacements should be rectified.

For the pain opiates are not advisable since they intensify the constipation. The bromides are preferable, especially the salt of calcium. Antiseptics are not much use, and their presence irritates the bowel. Benzo naphthol, naphthol and salicylate of soda have been used.

Rest in bed, milk diet, hot applica-

tions to the belly succeed best in the dysenteric form. In the febrile form it is well to start with a moderate dose of castor oil; as soon as the bowel is cleaned out the fever falls. Antithermics are useless here. Treatment of the general condition comprises bathing, massage, electricity, living in the country.

If secretion of acid is excessive, nitrogenous diet, meat, eggs, milk, etc., should be used; if dilatation of stomach and flatulency are present, non-fermentable food should be given. Vegetables should be used sparingly.

These means will often improve the condition but the prospect of permanent cure is very small.—Rev. de Therap. Med. Chic.

# Ophthalmology.

DR. J. A. TENNEY, Boston, Mass.
COLLABORATOR.

## SPECTACLES OR EYEGLASSES.

According to the Philadelphia Polyclinic, Dr. Hansell recently drew comparisons between spectacles and eyeglasses, to the disadvantage of the former. He takes the ground, in the first place, that eyeglasses are more becoming to the faces of most people. The conspicuous appearance of the screws to spectacles, and the hooked temples, materially change the patient's facial expression.

Dr. Hansell admits that spectacles are better adapted to people whose occupations compel them to stoop over their work; to those whose occupations are arduous, and to those who are subjected to severe weather; and are essential to those who have noses formed so as not to be able to retain eyeglasses.

He complains that spectacles indent the nose, cut the ears, are awkward to use, get bent when they are put in the case, and require frequent adjustment by a skilled optician. He regards the eyeglasses as less conspicuous, more convenient, as good in supporting complicated lenses as spectacle frames, and less liable to be bent out of position.

Some of these objections to spectacle frames are scarcely valid. Frames with twisted temples do not cut the nose or the ears. They are not liable to get out of shape, because of the great elasticity of the temples. Wire temples are always getting distorted, as are eyeglass frames; but this is not a great objection, for opticians always stand ready to keep the goods they sell in order. The only valid objection to spectacles is their looks. When patients have long, slim faces, this must be considered.

## OCULAR INJURY FOLLOWED BY TETANUS.

Camille Fromaget, in the Archives d'Ophthalmologie for November, 1894, gives the details of a rare case of tetanus following an injury to the eye. A young man of 19 years was struck in the left eye by a rocket, that was sent off 30 metres distant. There was intense pain, bleeding and complete loss of sight. The eye was washed with cold water, and two leeches were applied to the temple. In five minutes the hemorrhage ceased from the eye and nostril.

Four days after the accident the eye began to suppurate. The patient had up to this time taken milk only, but was now allowed solid food, when it was observed that his jaws acted with difficulty. In six days more the masseters were contracted and hard; the mouth could only be opened one cm.; the sterno-mastoids were rigid, and the good eye was fixed. He could not turn it in any direction. The pupil would not react under the light, but the accommodation of the eye was retained. The patient had no pain, and the temperature was normal.

At this time the patient was admitted to the hospital and the stump of the injured eye removed under chloroform. It contained a small amount of pus. There was a large wound through the cornea and sclerotic, and the eye was in places firmly adherent to Tenon's capsule. Chloral and bromides were administered by the rectum.

The next day there was slight opis-

thotonos, with rigidity of the abdominal muscles. There was some photophobia and myosis. Two days later there was delirium with general convulsive movements, set up by the slightest noise or touch, or by a bright light. The hypnotics were pushed, but three days later the patient died convulsed, but conscious to the last. The temperature had risen to 99.8. The autopsy revealed nothing except congestion of the meninges.

### EYE STRAIN AND GASTRIC DISORDERS.

Charles G. Stockton, in the Medical News, calls attention to certain cases in which with functional gastric disorders there exists a definite and uniform ocular defect. This defect is astigmatism of a high degree, varying from one to five dioptres, and usually irregular; that is, myopic in one eye and hypermetropic in the other.

He holds the opinion, that when dyspepsia is characterized by absence of acid in the gastric juice, without the presence of a malignant tumor, we are dealing with a disease that commenced as a functional disturbance. Inhibition of the peptic glands is followed by atrophy, and then the disease becomes permanent. He considers that dilatation of the stomach begins in functional disturbance, and ulcer of the stomach is of neuropathic origin.

He comes to the following conclusions:

1. Functional gastric disorders generally arise from some influence outside of the stomach.
2. These causes are usually to be found in some reflex irritation or some toxemia.
3. Amongst the latter syphilis occasionally has a place that apparently has passed unnoticed.
4. Structural changes in the stomach are not so much the causes as they are the result of functional disorders.
5. The successful treatment of these affections must include the removal of the often unsuspected exciting cause.

## Miscellany.

### ELECTRICAL EXECUTION.

In the case of the negro murderer, David Hampton, who was executed by electricity at Sing Sing prison on January 28, the autopsy showed considerable ruptures of the cerebral arteries as a result of the current. Any attempt at resuscitation in this instance at least would therefore have proved fruitless.

### TO BLOW OR WASH?

In these days of warfare against dirt why don't we wash our noses? Surely they get quite as dirty as our teeth, which we brush so laboriously every day. The civilized nose is, in fact, one of the dirtest organs of the body; for, so long as civilization, which mostly means crowding, involves the breathing of dirty air, the nose, which is the organ by which the air receives its first preliminary purification, must become loaded with all sorts of nastiness. The man with a cold, who is always sneezing and slobbering with his handkerchief, is not a pleasant companion; but, for all that, by dint of much "running" his nose at least is washed, and is cleaner within than that of the fine lady who has trained herself never to use the highly-decorated little bit of lace which she carries about and calls a handkerchief; for in that nose condense and accumulate the soot, the dust and microbes of our far from cleanly cities. People who suffer from nose diseases have of course to apply various lotions, the efficacious part of many of which is the water they contain, and this they commonly do either by placing the fluid in the palm of the hand and snuffing it up—a process which only draws it through the more open lower passages of the nose; or by means of a nasal douche or syringe, a process somewhat more effectual but also more irksome. The simple plan is to plunge the face into a basin of clean water, cold or tepid, and take slight snuffs, in and out,

while under water. By practice it will be found that before the face has to be withdrawn for breath water can be drawn in and out of the nose several times, filling and emptying the nasal cavities every time, without using any force and without drawing the water into the throat or causing any choking. The state of the water after the performance indicates the necessity for this little operation.—British Medical Journal.

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## STEAM AS A HEMOSTATIC.

Professor W. F. Snegirew, of Moscow, reports the successful use of steam for hemostatic purposes in several cases where other means have been unsuccessful or inconvenient. His attention was first called to the possibility of using steam as a general hemostatic, as the result of a severe hemorrhage occurring during an operation on the liver. On reading the literature of hepatic hemorrhage he was impressed, he says, by the general helplessness of the surgeon in such cases. "Even the actual cautery was not always sufficient, and in most cases required the additional aid of a closely placed tamponade of gauze."

For some time Professor Snegirew had been in the habit of using steam as a cauterizing and hemostatic agent in the treatment of uterine disease, in the following manner: After dilating the uterine canal an application of steam was made through a small metal tube inclosed in a catheter. After a half or at most a full minute of this application a dark fluid, with a strong brothy odor, returns through the catheter. In his experience there has been no pain attending this application and many cases of tender, painful, bleeding conditions of the uterine mucosa have been entirely relieved.

Carrying out the suggestion from this use of steam he conducted a series of experiments with Dr. Blagowolin, to determine the hemostatic value of steam upon the liver and other organs. Their results in animals were as follows:

(1) They were enabled to remove without loss of blood such sized pieces of the liver as they chose, the animal surviving.

(2) Similar results were obtained on the spleen.

(3) They removed entire lobes of the lungs without hemorrhage.

(4) Considerable sized pieces of kidney were successfully removed.

(5) From the brain, excision of pieces up to a limited size.

(6) Bleeding from the spongy portions of bones was stopped.

(7) The marrow was scalded, but the restoration of the bones went on as usual.

(8) The femoral artery of a dog, cut through either across its course or lengthwise, did not bleed under the application of steam.

(9) The wounds after the use of steam healed by primary intention in animals, and also in men upon whom it was used.

As the result of these experiments steam was used as a hemostatic during the past summer in the Alexiner Semstwo Hospital with success in the following operations:

(1) In five cases of resection of the knee-joint, without elastic bands, ligatures or artery forceps.

(2) In the extirpation of a cancerous breast, under the same conditions as above; also in the removal of fatty and malignant new growths in the skin.

(3) In amputation of the cervix uteri and in fibromyotomy.

(4) In resection of bone and in removing sequestra.

(5) In abscesses, to render them odorless and induce rapid healing.

(6) In fistulae and sinuses, especially when tubercular.

There seems little doubt in the minds of the investigators that in steam they have found a hemostatic of ready usefulness, aseptic, not interfering with primary union, and above all applicable to parenchymatous organs, such as the liver. Certainly further reports will be eagerly awaited.—Boston Med. and Surg. Journal, Feb. 7, 1895.

## ANTITOXIN NOT NEW.

There is nothing new under the sun. Inoculation with antitoxin, it appears according to a learned and ingenious correspondent of a Munich medical journal, is by no means new, nor even modern, having been employed by no less a person than Mithridates, King of Pontus. The authority for this statement is the Roman naturalist Pliny, who relates that this monarch, for reasons known to himself, was afraid of being poisoned and therefore made himself proof against all such attempts by gradually accustoming himself to all known poisons, producing the state known from him as mithridatism. He was accustomed to make use of an antidote called mithridaticum, whose principal ingredient was the blood of the Pontic duck, this creature having been chosen because it had the reputation of living on poison. Here, therefore, we have the case of the blood of an immune animal being used to make another animal immune.—N. Y. Daily World.

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## DR. LOOMIS WAS A MILLIONAIRE.

The will of the late Dr. Alfred L. Loomis was filed for probate yesterday. The value of the real estate is placed at $400,000 and of the personal property at $600,000. The testator gives his wife $150,000, his house at No. 19 West Thirty-fourth street, and his horses, carriages and bric-a-brac in lieu of dower. The income of $25,000 is given to the Loomis Laboratory, and whatever part of the income is not used is to be paid to the professor of pathology of the University of New York. The New York Academy of Medicine gets $10,000, the bequest to be known as the Loomis Entertainment Fund, and the interest to be used in providing entertainment for the fellows of the academy.

The testator gives $5000 to Margaret A. Rollo, $100,000 in trust and his medical library to his son, Harry Patterson Loomis, and $100,000 in trust to his daughter, Adeline Eliza Loomis Prince. The residue goes absolutely to the son and daughter in equal shares. By a codicil dated February 16, 1893, the widow receives the property in Ringwood, N. J., bought by the testator from Abram S. Hewitt.—World.

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## LIKE PATENT MEDICINES.

A thistle craze that would have done Scotland's heart good broke out in a town not far distant a short time ago. An inventive genius who had tried a little of everything began buying them up. No one knew why, but there were no objections to selling, O, no! What became of them? Well, in a few weeks the town was flooded with circulars advertising a new remedy for kidney troubles and all sorts of ailments. Following the introduction of the brownish medicine, it was discovered that the thistles had all been boiled on the range in the kitchen of the home of the inventor and had been regularly bottled and labeled as a backache cure, but there was not a solitary ingredient beside thistles in the water.

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## A FIN-DE-SIECLE HOSPITAL FOR THE TUBERCULOSIS.

A novel kind of hospital has been opened at Ormesson, close to Villiers, on the river Marne. One portion of the building is devoted exclusively to the treating of tuberculous children, and is separated by the whole length of the garden from the main structure. On the ground floor are the consulting and operation rooms, inhalation and bath rooms, and a bacteriological laboratory. The wards are supplied with ozone from leather bags. Sun and air baths are taken on a terrace furnished with comfortable couches for the purpose. Kerosene, turpentine, eucalyptus and similar bactericides are mixed with the atmospheric air of certain portions of the building. There are no published results yet available, but the experiment, though by no means so sensational as some of those to which we have been recently accustomed, is of a decidedly interesting character.—N. Y. Med. Record.